

# Nebraska Nursing NEWS

Volume 26 • Number 1 / Winter 2009

## The Road to Recovery

NE LAP program provides assistance for drug, alcohol addictions

## Board of Nursing Celebrates 100 Years!

## An Overview of the Uniform Credentialing Act

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Nebraska Department of Health  
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# Nebraska Nursing NEWS

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Judi Leibrock, MHR, LPC, LADC

## Tribute to Charlene Kelly



Charlene departed this life on February 20, 2009 so I thought it would be fitting to include a tribute to her in this edition of *"Nursing News"*.

Without Charlene's ingenuity, creativity, and ability to access resources, the publication of *Nursing News* in its current format would likely have not been accomplished. Several years ago, Charlene learned through her many national contacts that there was a company that publishes nursing newsletters free-of-charge to State licensing agencies and boards. She then proceeded to perform the necessary work to bring the publication of Nebraska's *"Nursing News"* by this company to fruition. Her work resulted in cost savings and the production of a professional magazine.

Charlene had a lifetime dedication to Nursing, the last 20 years of which was spent in the role of the Executive Director for the Nebraska Board of Nursing, working to ensure that regulations governing the licensure of nurses and nurse support personnel remain viable and focused on ensuring the protection of the public health and safety.

All of us at the Licensure Unit are missing Charlene since our work brought us together on a daily basis. We are missing her:

- great intellect
- genial personality
- generous instinct
- quest for learning
- experience and wise counsel

Although I feel a sense of sadness in writing words in the portion of *"Nursing News"* that had so long been reserved for and written by Charlene, I am honored to have had her as a colleague and privileged to call her friend.

Respectfully Prepared by:  
Helen L. Meeks,  
Administrator  
Licensure Unit  
Division of Public Health  
Department of Health and  
Human Services





## President's Message

**I love to hear from former students** who were paired with skilled preceptors supporting their new roles as professional nurses in their practice settings.

Unfortunately, well organized transition opportunities with consistent preceptors are not universally available for newly licensed nurses. I share the disappointment and disillusionment of new nurses when I hear transition experiences were not delivered as advertised during the recruitment process.

Nursing leaders in practice, education and regulation positions are uniting to address these concerns. I was asked to serve on the Transition to Practice Committee of the National Council of State Boards of Nursing (NCSBN). This committee is charged with recommending an evidence-based regulatory model for transition to practice, and collaborating with member boards and stakeholders regarding a future regulatory model.

I am passionate about the work of this committee—and the potential to help newly licensed nurses as they enter our profession. Physicians have had standardized residency programs for many years to prepare them to make the transition from education to practice. However, transition experiences for newly licensed RNs and LPNs are tremendously variable and may be nonexistent in some practice settings.

The Transition to Practice Committee believes all new nurses should be afforded opportunities for excellent transition to practice experiences. At our Nov. 2008 meeting, committee members developed the following *Fact Sheet* based on an extensive literature review. The *Fact Sheet* and a working Transition to Practice model will be shared with member boards and stakeholders.

### FACT SHEET

#### Transition to Practice: Improving Patient Safety and Health Care Outcomes

##### The Problem – Absence of a regulated transition to practice model

- **Complex Health Care Needs:** Newly licensed nurses are expected to care for sicker patients with multiple conditions in increasingly complex health care settings.
- **Practice Readiness:** Educators and employers agree that there is an education to practice gap in nursing, particularly related to experiences with risk management.
- **Expertise Gap:** 10 percent of a typical hospital's nursing staff is comprised of new graduate nurses.
- **Variable Transition Experiences:** Both orientation and

transition experiences for new RNs and LPNs are tremendously variable and may be nonexistent in some practice settings.

- **Risk for Practice Errors:** Several national studies show that new nurses experience increased stress three to six months after hire; an NCSBN study shows increased stress levels are related to nursing practice errors.
- **Turnover/Retention:** 35 percent-60 percent of new nurses leave a position in their first year of practice resulting in an estimated replacement cost of \$46,000 to \$64,000 per nurse.

##### The Impact

- **Medical Errors:** Medical errors are the eighth leading cause of death; \$17 billion is spent annually on preventable errors.
- **Newly Licensed Nurse Errors:** Over 40 percent of newly licensed nurses report making medication errors.
- **Life-Threatening Complications:** Studies indicate 50 percent of new graduates would fail to recognize life-threatening complications due to lack of experience.
- **Patient Safety:** Decreased staffing, use of inexperienced staff and increased turnover rates have a negative influence on patient safety and health care outcomes.
- **Error Reduction:** NCSBN study shows newly licensed RNs report significantly fewer errors when they have had a Transition Program with specialty content.
- **Cost Savings:** Studies show that transition programs reduce first-year turnover from 35 percent-60 percent to 6 percent-13 percent; institutions that provide transition programs report positive return on investment (ROI) from 67.3 percent to 884.7 percent.
- **Response:** A panel of nursing leaders at NCSBN's Transition Forum on Feb. 22, 2007, representing practice, education and regulation, supported the need for a national, standardized transition to practice model implemented through regulation.

##### Proposed Solution

**Implementation of a Transition to Practice Model through Nursing Regulation:** To improve patient safety and health care outcomes.

As always, I welcome your input.

*Marcy Echternacht*

Marcy Echternacht

## Nebraska Board of Nursing

## Meeting Schedule 2009

Meetings of the Nebraska Board of Nursing convene at 8:30 a.m.; however, the board immediately goes into closed session to review investigative reports. Members of the public may not be present during closed session. The board typically returns to open session after 12:30 p.m. The agendas for the meetings are posted on our Web site at <http://www.dhhs.ne.gov/crl/brdmtgs.htm> or you may obtain an agenda by phoning (402) 471-4376.

| Day/Date                                | Time                                 | Meetings   | Location  |
|---|--------------------------------------|--|---|
| <b><u>January</u></b>                   |                                      |  |   |
| Wednesday, January 7                    | 3:00 – 5:00 p.m.                     | <i>Practice Committee</i><br><i>Education Committee</i>                            | Gold's Room 530<br>Gold's Room 532                    |
| Thursday, January 8                     | 8:30 a.m.                            | Board meeting<br>(Discipline case review-most of meeting in closed session)        | Gold's Room 534                                       |
| <b><u>February</u></b>                  |                                      |  |   |
| Thursday, February 12                   | 8:30 a.m.                            | Board meeting  | Gold's Room 534                                       |
| <b><u>March</u></b>                     |                                      |  |   |
| Monday, March 2 –<br>Wednesday, March 4 |                                      | <b>NCSBN Midyear Meeting</b>   | Chicago, IL   |
| Wednesday, March 11                     | 1:30 – 5:00 p.m.                     | <i>Practice Committee</i><br><i>Education Committee</i>                            | Gold's Room 530<br>Gold's Room 532                    |
| Thursday, March 12                      | 8:30 a.m.                            | <b>Board meeting</b><br>(Discipline case review-most of meeting in closed session) | Gold's Room 534                                       |
| <b><u>April</u></b>                     |                                      |  |   |
| Thursday, April 9                       | 8:30 a.m.                            | <b>Board meeting</b>   | Gold's Room 534                                       |
| <b><u>May</u></b>                       |                                      |  |   |
| Wednesday, May 13                       | 3:00 – 5:00 p.m.                     | <i>Practice Committee</i><br><i>Education Committee</i>                            | Gold's Room 530<br>Gold's Room 532                    |
| Thursday, May 14                        | 8:30 a.m.                            | <b>Board meeting</b><br>(Discipline case review-most of meeting in closed session) | Gold's Room 534                                       |
| <b><u>June</u></b>                      |                                      |  |   |
| Thursday, June 11                       | 8:30 a.m.                            | <b>Board meeting</b>   | Gold's Room 534                                       |
| <b><u>July</u></b>                      |                                      |  |   |
| Wednesday, July 8                       | 1:30 – 3:00 p.m.<br>3:00 – 5:00 p.m. | <b>Issues Forum</b><br><i>Practice Committee</i><br><i>Education Committee</i>     | Gold's Room 531<br>Gold's Room 531<br>Gold's Room 530 |
| Thursday, July 9                        | 8:30 a.m.                            | <b>Board meeting</b><br>(Discipline case review-most of meeting in closed session) | Gold's Room 534                                       |
| <b><u>August</u></b>                    |                                      |  |   |
| No Board of Nursing meeting in August   |                                      |  |   |
| Tuesday August 11-Friday<br>August 14   |                                      | <b>NCSBN Annual Meeting</b>  | Philadelphia, PA                                      |

| Day/Date               | Time             | Meetings   | Location               |
|------------------------|------------------|--|------------------------|
| <u>September</u>       |                  |  |                        |
| Wednesday, September 9 | 1:30 – 3:00 p.m. | <b>Discipline case review</b>  | <b>Gold’s Room 534</b> |
|                        | 3:00 – 5:00 p.m. | <i>Practice Committee</i>  | <b>Gold’s Room 530</b> |
|                        |                  | <i>Education Committee</i>   | <b>Gold’s Room 532</b> |
| Thursday, September 10 | 8:30 a.m.        | <b>Board meeting</b><br>(Discipline case review-most of meeting in closed session) | <b>Gold’s Room 534</b> |
| <u>October</u>         |                  |  |                        |
| Wednesday, October 7   | 3:30 – 5:00 p.m. | <b>Issues Forum</b>  | <b>Gold’s Room 531</b> |
| Thursday, October 8    | 8:30 a.m.        | <b>Board meeting</b>   | <b>Gold’s Room 534</b> |
| <u>November</u>        |                  |  |                        |
| Thursday, November 12  | 8:30 a.m.        | <b>Board meeting</b><br>(Discipline case review-most of meeting in closed session) | <b>Omaha - TBA</b>     |
|                        | 2:00 – 5:00 p.m. | <i>Practice Committee</i><br><i>Education Committee</i>                            |                        |
| <u>December</u>        |                  |  |                        |
| Thursday, December 10  | 8:30 a.m.        | <b>Board meeting</b>   | <b>Gold’s Room 531</b> |

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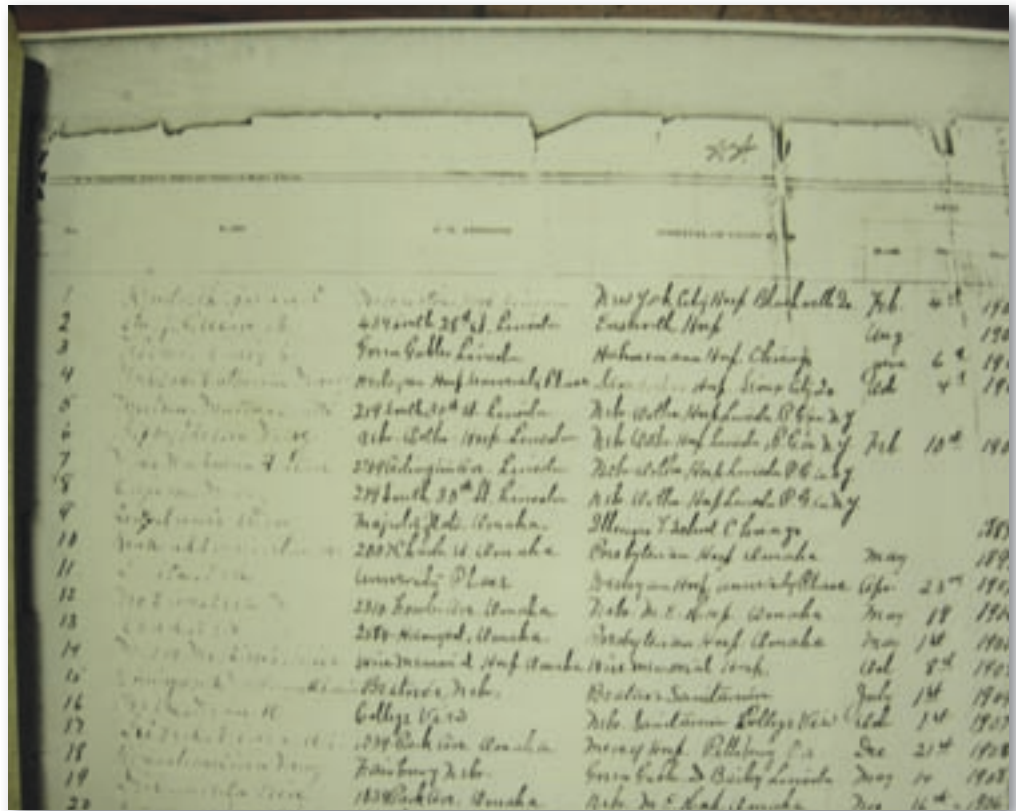


# Nebraska Board of Nursing Celebrates 100 Years of Service

This year the Board of Nursing celebrates its 100<sup>th</sup> birthday. In Nov. 1906, ten graduate nurses created the Nebraska State Association for Graduate Nurses (NSAGN) and elected Nan Dorsey chairman. The goal of the organization was to secure legislation for the state registration of trained nurses and to raise professional standards. In Jan. 1909, they were able to have legislation introduced to provide for permissive registration of nurses by the State Board of Health. The legislation passed the house in February and the senate in March. March 24, 1909, Gov. Shallenberger signed the bill into law.

The law called for the State Board of Health to register nurses. It also made it unlawful for the practice of professional nursing without obtaining a certificate of registration.

The Board of Health consisted of the governor, attorney general, state treasurer and the superintendent of public instruction. They appointed three secretaries, all graduate nurses, to examine applicants. The three appointed were Anna Hardwick, Lincoln, graduate of NY's City Hospital and superintendent of the Nebraska Orthopedic Hospital;



*Some of the first Registered Nurse Licenses issued in 1909.*

Catherine Wollgast, graduate of Good Samaritan Hospital, Sioux City; and Victoria Anderson, graduate of Methodist Hospital, Brooklyn, New York, superintendent of Omaha's Methodist Hospital. These secretaries became the Board of Nursing.

Throughout this centennial year,

we will have articles about the history and purpose of the board of nursing. In this issue, we are pleased to have an article written by Corrinne Pedersen, *Consumer Conversation about the State Board of Nursing*. Corrinne was a consumer member on the Board of Nursing for 10 years.

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# An Overview of the Uniform Credentialing Act

By Helen Meeks

To reduce confusion, eliminate obsolete or duplicative language, and to promote consistency across professions, the Uniform Credentialing Act was passed by the Nebraska legislature in 2007 with an operative date of December 1, 2008. It replaced the previously effective Uniform Licensure Law. Although nurses were not technically covered by the Uniform Licensure Law, many of the provisions of this statute had been adopted into the Nurse Practice Act, thereby subjecting nurses to the same statutory provisions that applied to most other professions.

The Uniform Credentialing Act does not create new statutory requirements for the acquisition, renewal, or reinstatement of a nurse license. Rather, it re-organizes statutory language in a more logical sequence, more clearly delineates board duties from Department duties and clarifies and broadens board authority.

The following paragraphs summarize the major changes in the Uniform Credentialing Act.

1. Issuance of credential
  - Requires proof of citizenship or proof of legal status for an alien.
2. Renewal
  - Removed renewal dates to allow greater flexibility for the

Department to set these;

- Standardized to make all renewals biennial;
- Removed “lapsed” status, allowing credentials that are not renewed or placed on “inactive” status to expire without requiring them to be “revoked” for failure to renew;
- Eliminated the requirement to send a second notice for credentials not renewed on or before their expiration date;
- Added “practice requirement” to the continuing competency options; and
- Removed “suffering from a serious or disabling illness...” from the continuing competency waiver conditions.

## 3. Reinstatement

- Removed distinction between reinstatement requirements for one year vs. two years from the date of non-disciplinary revocation; and
- Separated the requirements for reinstating a cre-

dential following discipline from those for reinstating a credential following expiration.

## 4. Boards

- Maintains requirement that the State Board of Health appoints members to all boards except for the boards of EMS and Water Well Standards and Contractors;
- Maintains the boards’ advisory role to the Department;
- Revised the definition of public member to allow more persons to be eligible to serve;
- Expanded conflict of interest for board members to include financial, professional, or personal obligations that may compromise or present the appearance of compromising a board member’s judgment in the performance of the member’s duties; and
- Added authority for board-appointed advisory committees to receive per diems of \$50 and to be

reimbursed for travel expenses.

5. Licensee Assistance Program-eliminated the LAP Fund. LB 242 authorized LAP expenses to be calculated as base cost, so the need to charge a separate fee, track receipt of such fees, and pay LAP expenses from this fund no longer exists.
6. Discipline
  - Added “disruptive behavior” which interferes with patient or client care or could reasonably be expected to interfere with such care to unprofessional conduct;
  - Removed the option to voluntarily surrender or limit a credential

at any time. The credential holder must now make a written offer to the Department, and the Department may accept or reject the offer.

The Licensure Unit is committed to ensuring that the implementation of the Uniform Credentialing Act will be as seamless as possible for credential holders and that greater effectiveness and efficiency will continue to be realized.

Article Prepared by  
Helen L. Meeks,  
Administrator  
Licensure Unit  
Division of Public  
Health

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# Consumer Conversation about the State Board of Nursing

By Corrinne Pedersen

Near the end of Gov. Charles Thone term, I received a call from Sen. Howard Lamb at the Broken Bow Chamber of Commerce office where I was serving as the executive vice president. Sen. Lamb asked if I would be interested in serving as the consumer on the Board of Nursing. My first remark was, "I don't know anything about nursing, and I am not a nurse." "Exactly, but Gov. Thone knows that you will learn about nursing, ask questions and represent the citizen." Lay members were added to each of the boards of examiners of the health professions in 1984.

First meeting, I am nervous and wondering how I can prepare for the two-day sessions and contribute on behalf of the citizen consumer. I soon found my niche – it was to listen, learn the nursing alphabet soup – all of those acronyms and when the final motion was made – the consumer did not have voting privileges. Other board members often asked if I wanted to comment on the results of the motion and were very helpful in explaining the language of nursing. I listened to the state staff, the board members and in disciplinary cases the nurse who had

asked to visit with the board. What a learning experience!

I watched as each of the board members expressed their views and how their actions would affect their area of practice. I observed the changes in disciplinary actions, expanded roles of nursing practice, curriculum and practice protocols, watched them struggle when the exam results became pass/fail instead of a score and the continued challenge of governance coordination.

What I learned was that I could often speak on behalf of the consumers and the board members since I did

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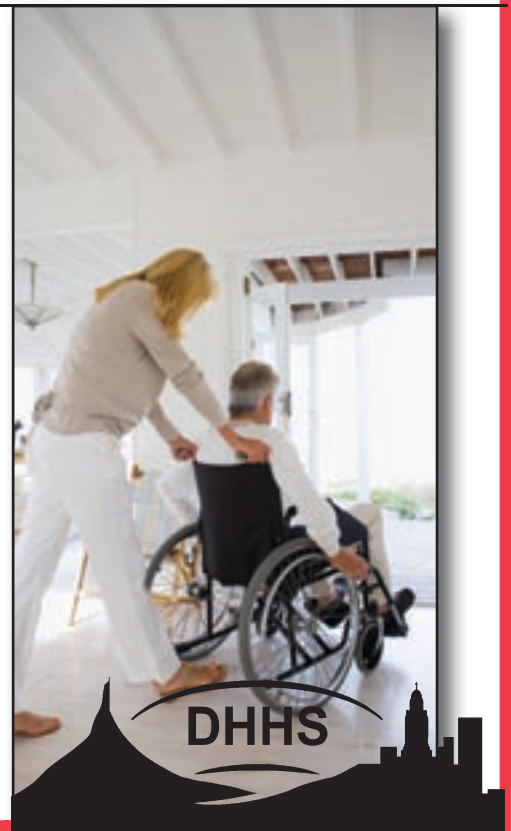
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not have a professional license that could be put in jeopardy. I often was asked to speak on behalf of the citizens on legislative issues and at hearings and led the discussion with the attorney general's office when a case was dismissed without it being returned to the board who had first heard the disciplinary action. We got that changed through legislation.

Ten years later, I hung my nursing board hat on the hook, but later

was asked to serve on the Advanced Practice Registered Nurses' Board and served as its chair for six years.....nursing – it is in my blood! As the Manager of Member Development for NMPP Energy headquartered in Lincoln, I often ask community leaders to open their dictionary to the letter “C” and find words that express community. When you open the dictionary to the letter “C” in the nursing field – here

are the words that jump out and relate to my nursing board experience..... commitment – caring – cooperative – citizens – curriculum – credentials – compromise – consultants – counselors – consumers – cases – changes – CEUs – challenges – communication – but the most important one – **celebration!** Congratulations on 100 years of serving the public and thanks to all who have served as board members.

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# The Road to Recovery

## NE LAP Program provides assistance for drug, alcohol addictions

By Joyce Davis Bunker



*Judi Leibrock, MHR, LPC, LADC  
meets with client*

**Dear Reader:** In November, I retired from the Board of Nursing after serving 11 years as one of two public members on the board. No doubt, it was gut-wrenching when we were compelled to recommend suspension or revocation of a nurse's license because of drug or alcohol problems. We knew that our decision would cause shame and hardship for the licensee—but we had no choice. Each time, I would ask myself, "Would I want this person caring for my mother or my child?" The most perplexing cases for me involved drugs. I wanted desperately to believe that the person was telling the truth and to give them a second chance. But all too

often, the person diverted again or had a positive body fluid screen, proving that we had been scammed. Over the years, the board has invited countless professionals to come to the board to educate us on drug and alcohol addictions. Our intent was never to punish—but to ensure the person was safe to provide care to the public. We struggled constantly to provide a recommendation that would enable the nurse to "get well" and return to nursing and be a safe practitioner.

Because of my experiences on the board, I am speaking from my heart in this final Nursing News article that I author.

One day, my phone rang. She identified herself, simply as "a nurse." She said she may be "in trouble." She thought she may be dependent on painkillers and needed help. I asked her if she had taken medication from a patient, and she had not. She was horrified that she could be brought before the board and could lose her license—her livelihood. "What should I do?" she asked.

My first priority was to make sure she was all right and safe. She was. Then I told her to call the Nebraska Licensee Assistance Program (NE LAP). She hesitated because she was under the impression that she would get turned in. She worried that the



Licensee Assistance Evaluation would prove she was an addict and she would have to “go away” somewhere—and what would people say. The NE LAP program is confidential and remains confidential unless the person refuses to follow the recommended treatment plan. While I felt her pain, I said at all times the public deserves to be protected and I trusted her to do the right thing. I strongly encouraged her to call the NE LAP, and she did. How this has evolved, I do not know. I pray she received the help she needed.

One often wonders what happens to a person when they cross the line. When does taking a few pills for pain turn into an addiction? When do a couple of beers to unwind turn you into an alcoholic? Is it wrong to be addicted to pain medication if no one is harmed and you never steal from the patients? Do they truly believe that using wasted drugs is not stealing?

I have learned that it is never simple and each case is very different. I have also learned that there is incredible denial. As I reviewed cases, I asked myself the following questions before making my recommendation:

- Has the person admitted that they have a problem? Over and over, nurses deny they have a problem—“it happened only once!” usually is not true. Are they seeking help and are they involved in a recovery plan? Each time the board made a recommendation, it included attending support group meetings. After this article, I am convinced this is an integral part of recovery.
- Did they steal drugs from a patient?
- Do they have access to drugs? “I never took from a patient” or “I never took it from a patient—it was ‘wasted’ meds.” In many cases, this meant they were “prescription shoppers” and failed to see that it is still wrong to work compromised, regardless if they diverted controlled substances from a patient or not. And when they are caught taking drugs

from the workplace—diverted or ‘wasted’ it means it was stolen. This is a felony and the Nebraska State Patrol needs to be notified.

- What are their working and home conditions? Will the stressors that caused the person to use drugs still be there while they recover and afterwards? Are they still married to an alcoholic or abusive partner? Do they continue to work in a stressful organization? Will have easy access to drugs and be more tempted to relapse?
- Is it simply a bad decision and the person most likely will not make this poor choice again? This does happen—more than you think, and the Board understands this.

While researching this article, I visited with many fine people—most of them recovering addicts that are committed to providing support and help to other health professionals who find themselves in trouble. I have elected not to share the names of those I interviewed. And, sadly, one of those interviewed has since relapsed and has once again sought treatment.

Judi Leibrock, MHR, LPC, LADC is the Nebraska Licensee Assistance Program (NE LAP) coordinator. The Nebraska Department Health and Human Services, Public Health Division’s Licensure Unit oversees the Nebraska Methodist Health System’s Best Care Employee Assistance Program. The program provides alcohol/drug assessments, treatment referrals, case management and education programs to licensed, certified or registered health care professionals in the state of Nebraska.

Anyone who is currently licensed, certified or registered in his or her profession by the Licensure Unit can access the Licensee Assistance Program. If you have questions regarding eligibility, you can call the NE LAP coordinator at (800) 851-2336 or the Licensure Unit.

There is no charge for the services provided by the NE LAP, including the assessments. However, if a treatment

referral is made and services are utilized outside of the NE LAP, the expenses for these services are the responsibility of the licensee.

“Recovery isn’t easy—it is a complete lifestyle change and a life time commitment to remain clean and sober,” said Leibrock. “The triggers that possibly caused the addiction are many times likely still in their environment. With professional help, they can learn to identify their ‘relapse triggers’ to help them avoid relapse and help them maintain a healthy recovery.”

Confidentiality is the biggest concern for most. Involvement in the NE LAP is confidential and information cannot be released without the licensee client’s authorization unless required by federal or state law.

There are several health care professionals support group meetings throughout the state. The meetings are confidential in nature, include only health care professionals in recovery and are based on the 12-Steps of Alcoholics Anonymous. Currently there are support groups in Hastings, Lincoln and Omaha. For more information regarding these meeting locations and times, contact Judi Leibrock at NE LAP, 800-851-2336.

One individual interviewed facilitates support group meetings for other healthcare professionals.

“Like many addicts, I came from a long line of family members that had addiction problems. After [a family tragedy] in the early 1990s, I self-medicated with alcohol and then narcotics. I got caught, sought treatment, and then relapsed. I maintained my habit for seven years, calling in prescriptions under my children’s names. One time, I called the same prescription in twice which alerted the pharmacist that there was a problem. He contacted my work, the Board and the Nebraska State Patrol. My license was suspended. I went to an inpatient program, got well

*continued on next page*

and have returned to practice. I was so angry at the time, but know now that it was done for a reason. However, the reason I remain successful is because of the support group meetings.”

The NE LAP provides convenient assessments throughout the state of Nebraska. When someone cannot meet with the NE LAP coordinator at one of their offices in Omaha, Lincoln, Fremont, Beatrice, Norfolk, Columbus or Kearney, arrangements for assessment are made with an affiliate in their area. The assessment is free of charge when arranged by the NE LAP coordinator.

A consistent message throughout all the interviews was “You must attend the support group meetings!” All agreed that the meetings offered them a chance to share their feelings with someone in the situation—who understood their challenges, shame and constant tug to return to their addictions. In addition, they said the meetings ensured accountability, knowing their fellow members would know if they were missing meetings and would likely track them down.

“Meetings have become a way of life for me,” said one. “I never miss a meeting. My very close family and friends know I go to meetings—but most people don’t know about them. Everyone in my group truly is discreet—and that is very important.”

I visited with one woman who proudly stated, “My sobriety date is March XX, 19XX—and silly as this may sound, I owe it all to the Board of Nursing! I know they were only doing their job...and if I hadn’t been forced, I probably wouldn’t have sought treatment.” She was turned into the state by a former boss (she suspects). It was not until she faced the board that she realized that she could not do it alone. She needed to be placed on probation—to be watched, to agree to screens and to attend meetings in order to get well.

As a board member I was often asked, why do some get probation, while others’ licenses are suspended or revoked? Each situation is considered on an individual basis and all factors are taken into consideration; is the individual taking steps toward recovery, did they divert or steal drugs, did they practice impaired, are there related legal charges, has there been a period of sobriety? The board makes recommendations that they feel best protect the public.

The Board of Nursing’s philosophy of discipline includes “The board believes that the discipline of nurses should be fair, prompt and based on facts. The board carefully considers the totality of the facts and circumstances in each individual case, with the safety of the public being paramount. The board will recommend remedial measures such as probation and/or limitation of a license if evidence exists that the nurse has, or can acquire under supervision, the knowledge, skills and abilities to practice safely. The board will recommend denial, suspension or revocation of a license when there is evidence that the

public’s health, safety or welfare continues to be in danger or when no remedial purpose would be served by probation and/or limitation.

The board believes that nurses who acknowledge they are chemically dependent or have other disabilities that affect nursing practice and who actively practice recognized recovery methods do not represent a threat to the public and should be allowed to continue practicing nursing. However, in order to assure the public safety, such nurses should be carefully monitored. Monitoring provision should be designed to support recovery methods and prevention of relapse. Individuals are responsible for their own choices and behavior. Consequences should be applied to relapsing behavior.”

One nurse reported that she has come full circle with her drug rehabilitation program. When she was disciplined by the board because of drug addiction, she entered a treatment program. She struggled, but learned to live with her addiction. She credits her recovery program and her support meetings for her success. Today, she is on the board of directors of a treatment program and continues her pledge to stay clean and to ensure that others have a safe, reliable rehabilitation program for years to come.

As one nurse said, “I crossed the line when I became an addict—I lost my job, my husband divorced me. But, now I have crossed the line to recovery. I am happier than I ever felt possible. I am grateful to those who forced me into recovery. I am grateful to my friends in recovery that have helped me stay clean. And, I am grateful to my husband who re-married me seven years ago! Yes, there is life after going before the Board of Nursing—if you set your mind to it!”

*Joyce Davis Bunker is Assistant Dean of Creighton University School of Nursing and served as a public member of the Nebraska Board of Nursing for 11 years.*

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## Additional Information and Resources

The following information is from the Nebraska Licensee Assistance Program.

Alcohol/Drug Treatment Options For The Health Care Professional: Alcoholics or drug dependent health care professionals have made many promises to quit to themselves or others over their years of abuse. They vow not to just cut back, but to quit. They know that any continued drinking or drug use will continue the destruction caused by their alcoholism or drug addiction. They know they must end the destruction and begin the reconstruction of their lives so they can live the healthier and happier life they want to lead.

A few alcohol and drug dependent individuals quit on their own. Some go directly into Alcoholics Anonymous or Narcotics Anonymous and achieve their recovery there. However, due to the nature of alcohol or drug addiction, most have to use intense, structured treatment provided by alcohol/drug professionals in certified treatment programs to fulfill their commitment to quit.

There are several education and counseling options available to help health care professionals resolve their abuse of alcohol or drugs, if there is not yet an addiction.

- Professional counseling or therapy provided by a qualified counselor or therapist.
- Alcohol/Drug Education Classes. These are generally geared toward those who have had a DUI.
- Substance abuse counseling or a treatment group. Specific focus is on resolving abuse of alcohol or drugs.
- Alcoholics Anonymous and other 12-Step self-help recovery programs. These are free, readily available, convenient and include substantial peer support.

If there is an addiction, treatment needs to be more intense and structured to help the dependent health care professional arrest the addiction. The NE LAP recommends that health care professionals who have concerns that they have a dependency on alcohol or drugs schedule a NE LAP Alcohol/Drug Assessment. The NE LAP Coordinator provides a thorough professional assessment and determines the nature and scope of the alcohol/drug problem and recommends appropriate treatment.

Treatment recommendations must take into consideration the tolerance level and potential withdrawal issues for dependent individuals. Those who will have withdrawal issues will need to have medical management or monitoring of these symptoms when they cease their use of alcohol or drugs.


- Inpatient alcohol/drug dependency treatment allows for intense, structured, medically managed treatment. Generally two-four weeks duration followed by transfer to an intensive outpatient program. Followed by at least one year aftercare/continuing care group meetings one time each week and at least two AA or NA meetings each week.
- Residential treatment. Intense, structured and includes medical supervision of client. Generally of four weeks duration. Followed by at least one year aftercare/continuing care group meetings one time each week and two AA or NA meetings each week.
- Intense Outpatient Treatment. Six to eight weeks of intense, structured treatment on an outpatient basis. Followed by at least six months of one time a week aftercare/continuing care group meetings and at least one AA or NA meeting each week.

The NE LAP may not make treatment recommendations that match up with what health care professionals find palatable or convenient. The NE LAP recommendations are made according to the diagnosis and what the professional needs to do to successfully arrest their addiction, achieve a sound and lasting recovery and put an end to the progressive destruction of the alcoholism or drug addiction in their lives.

The NE Licensee Assistance Program has a statewide toll-free phone number that provides convenient contact with the program no matter where you are located. The phone number is answered 24 hours a day, seven days a week. The Web site is [www.lapne.org](http://www.lapne.org).

*If you are questioning whether you need help, or you are concerned about a health care professional colleague's possible alcohol or drug problems, please contact NE LAP Coordinator, Judi Leibrock, MHR, LPC, LADC at (800) 851-2336 or (402) 354-8055.*

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# Licensure Actions

The following is a list of licensure actions taken between Sept. 1, 2008 and Nov. 30, 2008. Additional information on any of these actions is available by calling (402) 471-4923.

| Licensee                                      | Date of Action | Action  | Violation  |
|---|----------------|---|--|
| Amanda Sorenson<br>LPN                        | 9/3/08         | Initial License Issued on Probation                     | Multiple misdemeanor convictions having a rational connection with fitness to practice nursing.<br>Dependence on controlled substances.  |
| Gay Tschida<br>LPN                            | 9/4/08         | Non-disciplinary Assurance of Compliance                | Unprofessional Conduct-Failure to exercise technical competence based upon the level of nursing for which licensed.<br>Failure to comply with the state mandatory reporting law.   |
| Andrea Broders<br>RN                          | 9/9/08         | Censure   | Unprofessional Conduct-Failure to maintain an accurate patient record.   |
| Jody Hartley<br>RN                            | 9/9/08         | Suspension  | Violation of previously imposed conditions of probation.   |
| Jessica Nelson<br>RN                          | 9/9/08         | Probation   | Alcohol dependence.<br>Misdemeanor convictions which have a rational connection with fitness to practice.  |
| Dana Boltz<br>LPN                             | 9/9/08         | Censure   | Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice.<br>Committing any act which endangers patient safety or welfare.<br>Failure to comply with state mandatory reporting law.   |
| Diana Brown<br>LPN                            | 9/9/08         | Voluntary and Permanent Surrender in Lieu of Discipline |  |
| Nanette Burk<br>LPN                           | 9/9/08         | Voluntary Surrender in Lieu of Discipline               |  |
| Kristen Cardenas<br>aka Kristen Beatty<br>LPN | 9/9/08         | Censure<br>Civil Penalty                                | Practice of the profession beyond its authorized scope.<br>Unprofessional Conduct-Violation of a previously issued Assurance of Compliance. Misappropriation of medications or supplies from a patient or agency.  |
| Cynthia Cramer<br>LPN                         | 9/9/08         | Probation   | Misdemeanor conviction which has a rational connection with fitness to practice the profession.  |
| Debra Deboer<br>LPN                           | 9/9/08         | Censure   | Unprofessional Conduct-Committing any act which endangers patient safety and welfare. Failure to follow policies or procedures implemented in the practice situation to safeguard patient care.<br>Failure to comply with state mandatory reporting law.   |
| Cynthia Johns<br>LPN                          | 9/9/08         | Suspension<br>Limitation<br>Civil Penalty               | Unprofessional Conduct-Falsification of a CPR card.<br>Failure to comply with state mandatory reporting law.   |
| Cynthia Weiland<br>LPN                        | 9/9/08         | Revocation  | Violation of the Uniform Controlled Substances Act-Knowingly or intentionally possessing a controlled substance under circumstances when not authorized.<br>Acquiring possession of a controlled substance by theft, misrepresentation. . .<br>Distribution of a controlled substance or drugs for any than lawful purposes.<br>Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice.   |
| Karmen Young<br>LPN                           | 9/9/08         | Revocation  | Alcohol dependence.<br>Misdemeanor conviction which has a rational connection with fitness to practice.<br>Failure to comply with the state mandatory reporting law.   |
| Constance Cameron<br>RN                       | 9/9/08         | Temporary License<br>Suspension                         | Practice of the profession while ability to practice was impaired.<br>Unprofessional Conduct-Committing any act which endangers patient safety or welfare.   |
| Jerrad Carranza<br>LPN                        | 9/18/08        | Censure<br>Civil Penalty                                | Violation of previously imposed conditions of probation.   |
| Sherri Swanson<br>LPN                         | 9/18/08        | Revocation  | Unprofessional Conduct-Failure to furnish the Board or its investigator with requested information or requested documents during a disciplinary investigation.<br>Failure to utilize appropriate judgment in administering safe nursing practice.<br>Failure to follow policies or procedures implemented to safeguard patient care.<br>Practice of the profession while impaired by controlled substances and/or narcotic drugs.<br>Failure to comply with the state mandatory reporting law. |
| Pamela Birch<br>RN                            | 9/19/08        | Censure   | Unprofessional Conduct-Failure to follow policies and procedures implemented in the practice situation to safeguard patient care.  |
| Mariette Dykema<br>RN                         | 9/19/08        | Censure   | Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice.<br>Committing any act which endangers patient safety or welfare.  |
| Ann Gray<br>RN                                | 9/19/08        | Revocation  | Dishonorable Conduct.<br>Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice.<br>Failure to follow policies or procedures implemented in the practice situation to safeguard patient care.<br>Committing any act which endangers patient safety or welfare.<br>Delegating and or assigning nursing interventions contrary to the standards.  |
| Cynthia Hobbs<br>RN                           | 9/19/08        | License Reinstated on Probation                         | Previous disciplinary action.  |
| Richard Jay<br>RN                             | 9/19/08        | Non-disciplinary Assurance of Compliance                | Unprofessional Conduct-Violation of previously imposed conditions of probation.  |

|   |         |  |  |
|---|---------|--|--|
| Jeannie Linder<br>RN                      | 9/19/08 | License Reinstated<br>on Probation             | Previous disciplinary action.  |
| Barbara Staroscik<br>RN                   | 9/19/08 | Suspension<br>Probation                        | Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice.<br>Failure to follow policies or procedures implemented in the practice situation to safeguard patient care.<br>Committing any act which endangers patient safety or welfare.<br>Verbal or physical abuse of a patient.   |
| Richard Tast<br>RN                        | 9/19/08 | Non-disciplinary<br>Assurance of<br>Compliance | Unprofessional Conduct-Failure to follow policies or procedures implemented in the practice situation to safeguard patient care.   |
| Tami Bertrand<br>LPN                      | 9/19/08 | Probation                                      | Conviction of a misdemeanor which has a rational connection with fitness to practice. Unprofessional Conduct-Falsification or misrepresentation of material facts in attempting to procure nursing employment. Misrepresentation of material facts in procuring or attempting to procure a license.  |
| Rebecca Douglass<br>LPN                   | 9/19/08 | Voluntary Surrender<br>in Lieu of Discipline   |  |
| Sherri Stoll<br>RN                        | 9/25/08 | Non-disciplinary<br>Assurance of<br>Compliance | Unprofessional Conduct-Access of patient records without authorization.  |
| Jenifer Robinson<br>LPN                   | 9/25/08 | Non-disciplinary<br>Assurance of<br>Compliance | Unprofessional Conduct   |
| Debra Gilliland<br>RN                     | 9/26/08 | Non-disciplinary<br>Assurance of<br>Compliance | Unprofessional Conduct-Accessed patient records without authorization.   |
| Sarah Nelson<br>RN                        | 9/26/08 | License Reinstated<br>on Probation             | Previous disciplinary action.  |
| Susan Hrdlicka<br>LPN                     | 9/26/08 | Revocation                                     | Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice and failure to exercise technical competence based upon the level of nursing for which licensed.<br>Failure to maintain an accurate patient record and committing any act which endangers patient safety or welfare.   |
| Kathy Nebuda<br>LPN                       | 9/26/08 | License Reinstated<br>on Probation             | Previous disciplinary action.  |
| Connie Jones<br>RN                        | 9/30/08 | Censure  | Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed.  |
| Mary Krasser<br>RN                        | 9/30/08 | Censure<br>Probation                           | Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based on level of nursing for which licensed.<br>Failure to follow policies and procedures implemented in the practice situation to safeguard patient care.<br>Committing any act which endangers patient safety or welfare.<br>Failure to seek consultation, collaboration or direction from another licensed health care provider when warranted by patient condition. |
| Caren Nussbaum<br>RN                      | 9/30/08 | Censure<br>Civil Penalty                       | Permitting, aiding, or abetting the practice of a profession of the performance of activities requiring a license by a person not licensed to do so.   |
| Therese Shafer<br>RN                      | 9/30/08 | Non-Disciplinary<br>Voluntary Limitation       |  |
| Diane Simpson<br>RN                       | 9/30/08 | Censure  | Unprofessional Conduct-Committing any act which endangers patient safety or welfare.   |
| Heidi Thomas<br>RN                        | 9/30/08 | Suspension<br>Probation                        | Dependence on controlled substances and alcohol.<br>Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice, failure to follow policies or procedures implemented in the practice situation to safeguard patient care.<br>Committing any act which endangers patient safety or welfare.  |
| Janice Zachar<br>RN                       | 9/30/08 | Censure<br>Civil Penalty                       | Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed.<br>Failure to follow policies or procedures implemented to safeguard patient safety or welfare.  |
| Stephanie Carolus<br>LPN                  | 9/30/08 | Revocation                                     | Violation of previously imposed conditions of probation.   |
| Kelley Falkena<br>aka Kelley Dolge<br>LPN | 9/30/08 | Revocation                                     | Alcohol dependence.<br>Conviction of a misdemeanor and felony which have a rational connection with fitness to practice the profession.<br>Failure to comply with the state mandatory reporting law.<br>Unprofessional Conduct-Committing any act which endangers patient safety and welfare, leaving a patient care nursing assignment without notifying personnel so that reasonable arrangements for continuation of care could be made.                                    |
| Becky Hohnstein<br>LPN                    | 9/30/08 | Civil Penalty                                  | Misrepresentation of material facts in procuring or attempting to procure a license.   |
| Carrie Magorian<br>LPN                    | 9/30/08 | Non-disciplinary<br>Voluntary Limitation       |  |
| Marilyn Moore<br>LPN                      | 9/30/08 | Voluntary and<br>Permanent<br>Surrender        |  |
| Sondra Senstock<br>LPN                    | 9/30/08 | Censure  | Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed.<br>Failure to maintain an accurate patient record. Committing any act which endangers patient safety or welfare.   |
| Patrick Smith<br>LPN                      | 9/30/08 | Censure  | Unprofessional Conduct-Failure to follow policies or procedures implemented in the practice situation to safeguard patient care.<br>Committing any act which endangers patient safety or welfare.  |
| Jeanette Strahm<br>LPN                    | 9/30/08 | Suspension                                     | Violation of previously imposed conditions of probation.   |

## DISCIPLINARY ACTIONS

|   |          |  |  |
|---|----------|--|--|
| Sonya Torry-Batiste<br>LPN                                      | 9/30/08  | Civil Penalty                                  | Misrepresentation of material facts in procuring or attempting to procure a license.   |
| Frances West<br>aka Frances Gatewood<br>aka Frances Krik<br>LPN | 9/30/08  | Censure  | Unprofessional Conduct-Failure to safeguard patient's dignity or right to privacy by violating the confidentiality of information or knowledge concerning the patient.<br>Failure to comply with the state mandatory reporting law.  |
| Janelle Blakely<br>LPN  | 9/30/08  | Probation                                      | Alcohol and controlled substance dependence.<br>Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice and failure to follow policies or procedures in the practice situation to safeguard patient care.<br>Committing any act which endangers patient safety.  |
| Debra Sydal<br>LPN  | 9/30/08  | Revocation                                     | Violation of the Uniform Controlled Substances Act by knowingly possessing a controlled substance when not authorized.<br>Failure to comply with the state mandatory reporting law.  |
| Sandra Morris<br>RN   | 10/6/08  | Non-disciplinary<br>Assurance of<br>Compliance | Unprofessional Conduct-Disclosure of confidential information without authorization.   |
| Catherine Larson-Karnes<br>RN                                   | 10/7/08  | Probation                                      | Dependence on controlled substances. Practice of the profession while ability to practice is impaired by controlled substances.  |
| Susan Bates<br>LPN  | 10/22/08 | Non-disciplinary<br>Assurance of<br>Compliance | Unprofessional Conduct-Misrepresentation of material facts in procuring or attempting to procure a license.  |
| Heather Fowler<br>RN  | 10/28/08 | Censure  | Violation of previously imposed conditions of probation.   |
| Sharon Malolepszy<br>RN   | 10/28/08 | Revocation                                     | Violation of previously imposed conditions of probation.   |
| Kimo Herfel<br>LPN  | 10/29/08 | Suspension<br>Probation                        | Alcohol dependence.<br>Violation of the Uniform Controlled Substance Act by knowingly or intentionally possessing a controlled substance when not authorized.  |
| Linda Glandt<br>RN  | 10/30/08 | Censure<br>Civil Penalty                       | Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed.<br>Committing any act which endangers patient safety and welfare.<br>Failure to comply with the state mandatory reporting law.   |
| Suzan Johnson<br>RN   | 10/30/08 | Censure<br>Civil Penalty<br>Probation          | Conviction of a misdemeanor which has a rational connection with fitness to practice.<br>Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon level of licensure.<br>Failure to exercise technical competence.<br>Failure to follow policies or procedures implemented in the practice situation to safeguard patient care.<br>Failure to maintain an accurate patient record. |
| Andrea Kozel<br>RN  | 10/30/08 | Voluntary Surrender<br>in Lieu of Discipline   |  |
| Patricia Mischke<br>LPN   | 10/30/08 | Probation                                      | Unprofessional Conduct-Failure to exercise technical competence and utilize appropriate judgment in administering safe nursing practice based upon the level of licensure.<br>Failure to follow policies and procedures implemented to safeguard patient care.<br>Failure to maintain an accurate patient record.  |
| Barbara Brown<br>RN   | 11/3/08  | Revocation                                     | Alcohol dependence.<br>Unprofessional Conduct-Practice of the profession without a current active license. Failure to report misdemeanor conviction in accordance with the state mandatory reporting law.<br>Conviction of a misdemeanor which has a rational connection with fitness to practice.   |
| Melissa Butler<br>RN  | 11/3/08  | Voluntary Surrender<br>in Lieu of Discipline   |  |
| Kimberly Deck<br>RN   | 11/3/08  | Suspension<br>Censure<br>Civil Penalty         | Unprofessional Conduct-Giving a controlled substance for other than a medically accepted, therapeutic purpose.<br>Aiding and abetting the violation of the Uniform Controlled Substance Act.   |
| Tristana Hamilton<br>RN   | 11/3/08  | Non-disciplinary<br>Assurance of<br>Compliance | Unprofessional Conduct-Verbal abuse of a patient.  |
| Janet Holt<br>RN  | 11/3/08  | Probation                                      | Alcohol dependence.<br>Practice of the profession while the ability to practice is impaired.<br>Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice.<br>Failure to follow policies or procedures implemented in the practice situation to safeguard patient care.<br>Failure to comply with the state mandatory reporting law.   |
| Debra Kemper<br>RN  | 11/3/08  | Censure<br>Civil Penalty                       | Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed.<br>Committing any act which endangers patient safety and welfare.<br>Failure to follow policies and procedures implemented in the practice situation to safeguard patient care.<br>Failure to comply with state mandatory reporting law.   |
| Bobbie Samayoa<br>LPN   | 11/3/08  | Censure  | Unprofessional Conduct-Violating the confidentiality of information or knowledge concerning a patient.   |
| Mary Waldo<br>LPN   | 11/3/08  | Censure  | Violation of the Uniform Controlled Substances Act for knowingly or intentionally possessing a controlled substance unless such substance is authorized pursuant to a medical order issued by a practitioner so authorized.  |
| Peggy Zeadow<br>LPN   | 11/3/08  | Civil Penalty                                  | Misrepresentation of material facts in procuring or attempting to procure a license.   |



|                       |          |  |   |
|-----------------------|----------|--|---|
| Bridget Hammond<br>RN | 11/5/08  | Non-disciplinary<br>Assurance of<br>Compliance | Failure to comply with the state mandatory reporting law.   |
| Jody Streiff<br>RN    | 11/5/08  | Revocation                                     | Violation of previously imposed conditions of probation.  |
| Michael Souder<br>LPN | 11/6/08  | Initial License Issued<br>on Probation         | Misdemeanor convictions having a rational connection with fitness to practice nursing. Alcohol dependence.  |
| Tanya Boman<br>LPN    | 11/7/08  | Non-disciplinary<br>Assurance of<br>Compliance | Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice.<br>Committing any act which endangers patient safety or welfare.<br>Failure to comply with the state mandatory reporting law.  |
| Ronda Emery<br>LPN    | 11/14/08 | Censure  | Unprofessional Conduct-Verbal abuse of a patient.   |
| Vicki Carney<br>RN    | 11/20/08 | Non-Disciplinary<br>Voluntary Limitation       |   |
| Alisha Jundt<br>RN    | 11/20/08 | Non-disciplinary<br>Assurance of<br>Compliance | Failure to comply with the state mandatory reporting law.   |
| Kathleen Arnt<br>LPN  | 11/20/08 | Non-disciplinary<br>Voluntary Limitation       |   |
| Victoria Smith<br>RN  | 11/22/08 | Non-disciplinary<br>Assurance of<br>Compliance | Failure to comply with state mandatory reporting law.   |
| Rebecca Case<br>RN    | 11/25/08 | Censure  | Violation of previously imposed conditions of probation.  |
| Nicole Gaona<br>RN    | 11/25/08 | Suspension<br>Probation                        | Dishonorable conduct.<br>Unprofessional Conduct.<br>Habitual dependence or failure to comply with a treatment program or an aftercare program entered into under the Licensee Assistance Program.<br>Misdemeanor conviction which has a rational connection with fitness to practice the profession. Violation of the NE Uniform Controlled Substances Act. |
| Pamela Miller<br>RN   | 11/25/08 | Censure<br>Civil Penalty                       | Unprofessional Conduct-Failure to maintain an accurate patient record.<br>Failure to comply with the state mandatory reporting law.   |

Cease and Desist

Cease and Desist issued to Krista Sevenson on 9/19/08 – Identifying self as a registered nurse and performing nursing duties without an active license.



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# Mandatory Reporting by Health Care Professionals

by Michael J. Grutsch

Most health care providers have some familiarity with the statutes and the rules and regulations that govern their individual profession. Less evident is their knowledge of the Uniform Credentialing Act (UCA) and its predecessor, the Uniform Licensing Law (ULL).

The UCA was passed by the Legislature in 2007 and became effective Dec. 1, 2008. Chapter 38 has replaced the old recognizable ULL Chapter 71. The UCA covers the things common to the various professions and occupations. It includes how to obtain, maintain, discipline and reinstate a credential. It provides for the various boards and their duties. It also includes the statutes on mandatory reporting.

Also effective on Dec. 1 were the new

statutes for each profession and occupation. A copy of the UCA and the statutes for the various occupations and professions can be downloaded from the Web at <http://www.hhs.state.ne.us/crl/statutes/statutes.htm>

Neb. Rev. Stat. § 38-1,125 requires the reporting by a credential holder if they have first hand knowledge that any person in another profession (a) acted with gross incompetence or gross negligence or (b) had been practicing while impaired. In addition, for someone in your own profession, you must report (a) and (b) as well as (c) a pattern of incompetent or negligent conduct and (d) unprofessional conduct.

You must self-report if you if you lost

your privileges, voluntarily limited your privileges, resigned from the staff or lost your employment due to alleged negligence, incompetence, unethical or unprofessional conduct or impairment.

You must report professional liability claims that result in an adverse judgment, settlement or award.

You must report if your professional liability insurance coverage has been cancelled, limited or modified or if you have been refused coverage due to a professional liability claim.

You must report the denial of a credential or authorization to practice in any state or jurisdiction or the loss of membership in a professional organization due to alleged incompetence, negligence, impairment or unethical or unprofessional conduct. In addition, you must report any disciplinary action taken against your credential in another state or jurisdiction.

You must report any misdemeanor or felony conviction no matter where it occurred.

Neb. Rev. Stat. §38-1,127 requires health care facilities, peer review organizations and professional associations to report when they make a payment due to an adverse judgment, settlement or award of a professional liability claim or when they take action adversely affecting the privileges or membership of a credential holder due to alleged incompetence, professional negligence, unprofessional conduct or impairment.

Neb. Rev. Stat. §§38-1,129, &38-1,130 requires an insurer to report any violation of the UCA as well as payments made due to an adverse judgment, settlement or award from a professional liability claim.

Neb. Rev. Stat. §38-1,137 requires the clerk of the county or district court to report all judgments arising out of a claim of professional liability as well as any felony or misdemeanor conviction

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involving controlled substances, alcohol or impairment.

Reports to the department can be made on a form constructed by the reporting party or on the form included and made a part of the regulations. At a minimum, the report needs to include the information required by the regulations.

Mandatory reporting regulations provide the guidance for minimum reporting. They govern the manner and method in which reports of actions or conduct which may violate laws or regulations governing health care professionals are reported. They grant immunity from criminal or civil liability for filing reports or complaints and for the disclosure of documents, records or other information to the department. Can you do more than the minimum? Of course you can, although you are not required to unless you have first hand knowledge.

For example, you were told of someone's misconduct but did not observe it, can you report it? Yes. You are not sure

what kind of conviction you received. Report it. You lost your job, but you do not know why? Report it. You observe some conduct but you are not sure if it violates the regulations. Report it. The department will review your report to determine if there is a violation of the statutes or rules and regulations. If we find no violation, you have done no harm by sending the report to us.

Provide all the information you have when submitting complaints or reports. The space provided on the forms often is not sufficient for all the needed information, so use additional paper. Do not just say, for example, "abused patient, terminated from job." If that is all you tell us, you will need to be contacted to provide additional information before a decision can even be made that there was a violation, thus delaying our ability to initiate an investigation. Provide the who, what, when, where and why for the incident. Always provide a copy of your proof to support your allegation. Include copies of

the documents related to the incident or conduct you are reporting. Send a copy of any investigation you did as well as statements by witnesses. All reports are confidential.

All reporting to the department must occur within thirty (30) days of the incident.

The Web site for the Professions & Occupations Investigations Unit is located at <http://www.dhhs.ne.gov/reg/INVEST-P.HTM>. It contains the rules and regulations on mandatory reporting as well as the various forms to be used. The address to return the completed form to is also listed.

Michael J. Grutsch, PA-C,  
Program Manager  
DHHS Division of Public Health  
Office of Professional and Occupational Investigations  
1033 O Street, Suite 500  
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[Michael.Grutsch@nebraska.gov](mailto:Michael.Grutsch@nebraska.gov)

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# Practice

## Q & A

**Q:** I am an RN and work in a clinic that also employs medical assistants. I have been asked to train them to administer IV medications. Is that within their scope of practice and can I train them to do that?

**A:** A medical assistant does not have a scope of practice; they are not licensed, certified or registered by the State of Nebraska. Medical Assistant programs include instruction in office duties, such as answering the telephone, scheduling appointments, filing, billing, and clinical duties, such as preparing patients for examination, assisting the physician during the exam, performing basic laboratory tests, drawing blood.

Some medical assistants may hold a national certification from the American Association of Medical Assistants however, these individuals are considered unlicensed persons and therefore must have the proper authority to provide nursing tasks, including giving medications.

An RN may delegate selected non-complex nursing interventions to unlicensed persons under the guidelines of 172 NAC 99-004, Standards for Delegation. When making a decision to delegate to an unlicensed person, the RN must determine which nursing interventions may be delegated, which unlicensed person(s) may provide the delegated interventions, how to communicate the delegation plan, the appropriate level of supervision and how to appropriately evaluate the delegation plan. Only RNs may delegate non-complex nursing interventions to be performed on behalf of the nurse.

The RN is accountable for the care of clients/patients and the outcomes of the delegation decision. In fact, 172 NAC 101-007.03 states a nurse may have disciplinary actions taken against their nursing license for “delegating and/or assigning nursing interventions contrary to the standards set forth in 172 NAC 99”.

An example of appropriate delegation may include delegating routine vital signs to an unlicensed individual who has been trained and is competent to do the task. Inappropriate delegation would include complex nursing interventions such as starting an IV or administering IV medications.

A physician may make the decision to direct the unlicensed person to perform other tasks. In that case, the physician is responsible for the tasks performed by the unlicensed person.

Medication Administration in the state of Nebraska is a regulated activity. Medication Administration is limited to:

- 1) individuals with capability and capacity to make an informed decision about medications;
- 2) caretakers; and
- 3) licensed health care professionals who have medication administration in their scope of practice.

Unlicensed persons may participate in the administration of medications by providing medica-

tions and documenting medications in accordance with the Medication Aide Act.

172 NAC 99-004.01C states that if RNs delegate medication provision, such delegation must be done in accordance with the Medication Aide Act, Neb.Rev.Stat. §71-6718 to 71-6742.

The Medication Aide Act states that the act applies to all settings in which medications are administered except the home, unless in-home administration of medication is provided through a licensed home health agency or licensed or certified home and community-based provider.

Unlicensed persons, including persons using the title Medical Assistant, who are utilized to provide medications may only do so in accordance with the Medication Aide Act and therefore must meet the Medication Aide requirements and be listed on the Medication Aide Registry.

All of the regulations, including the ones referred to above, can be accessed on our web site, [www.hhs.state.ne.us/crl/nursing/nursingindex.htm](http://www.hhs.state.ne.us/crl/nursing/nursingindex.htm).

## Statutory Changes from the Uniform Credentialing Act (UCA)

Many of you are used to referring to the practice acts on our Web site when you have questions regarding the law and nursing practice. With the passage of the Uniform Credentialing Act, the statute numbers have changed. Below is a quick reference guide for the new statute

numbers for each act; Nurse Practice Act, Licensed Practical Nurse – Certified (LPN-C) Act, Advanced Practice Registered Nurse – Nurse Practitioner (APRN-NP) Act, Advanced Practice Registered Nurse – Certified Registered Nurse Anesthetist (APRN-CRNA) Act, Advanced Practice

Registered Nurse – Certified Nurse Midwife (APRN-CNM) Act and Advanced Practice Registered Nurse – Clinical Nurse Specialist (APRN-CNS) Act. All of the statutes are available on our Web site, <http://www.hhs.state.ne.us/crl/nursing/Nursingindex.htm>.

| Act                       | Nebraska Revised Statutes (Neb.Rev.Stat.)<br>Formerly | Nebraska Revised Statutes (Neb.Rev.Stat.)<br>Currently |
|---------------------------|---|--|
| <b>Nurse Practice Act</b> | Neb.Rev.Stat. 71-1,132.01 – 71-1,132.53               | Neb.Rev.Stat. 38-2201 – 38-2236                        |
| <b>LPN-C</b>              | Neb.Rev.Stat. 71-1772 – 71-1794                       | Neb.Rev.Stat. 38-1601 – 38-1625                        |
| <b>APRN-NP</b>            | Neb.Rev.Stat. 71-17,131 – 71-17,141                   | Neb.Rev.Stat. 38-2301 – 38-2323                        |
| <b>APRN-CRNA</b>          | Neb.Rev.Stat. 71-1729 – 71-1737                       | Neb.Rev.Stat. 38-701 – 38-711                          |
| <b>APRN-CNM</b>           | Neb.Rev.Stat. 71-1738 – 71-1765                       | Neb.Rev.Stat. 38-601 – 38-618                          |
| <b>APRN-CNS</b>           | Neb.Rev.Stat. 71-17,117 – 71-17,130                   | Neb.Rev.Stat. 38-901 – 38-910                          |



## Registry Action on Nurse Aides & Medication Aides

From 08/01/2008 to 11/30/2008, the following nurse aides became ineligible for employment in long-term care facilities and/or intermediate care facilities for persons with mental retardation:

| Name                     | Nurse Aide<br>Registry # | Action                | Date Entered |
|--------------------------|--------------------------|-----------------------|--------------|
| Sally Arnold             | 74548                    | Finding of Conviction | 11/21/08     |
| Charlie D Ellis          | 77053                    | Finding of Neglect    | 11/04/08     |
| Wendy Jackson            | 53699                    | Finding of Conviction | 09/15/08     |
| Lyventha Moore           | 41842                    | Finding of Conviction | 09/29/08     |
| Kimberly Denise Williams | 48718                    | Finding of Conviction | 06/02/08     |

From 08/01/2008 to 11/30/2008, the following medication aides were removed from the Medication Aide Registry:

| Name                    | Medication Aide<br>Registry # | Action                                      | Date Entered |
|-------------------------|-------------------------------|---|--------------|
| Mary Lynne Cassel       | 47674                         | Failure to Demonstrate Good Moral Character | 11/03/08     |
| Katherine Changstrom    | 61195                         | Falsification of Application                | 09/25/08     |
| Christina Hardy         | 59874                         | Competency Violation                        | 09/25/08     |
| Cindi Hyde              | 49214                         | Failure to Demonstrate Good Moral Character | 11/27/08     |
| Michael Anthony Jackson | 60167                         | Failure to Demonstrate Good Moral Character | 09/25/08     |
| Wendy Jackson           | 56049                         | Failure to Demonstrate Good Moral Character | 09/15/2008   |
| Ervin McCoy             | 55781                         | Competency Violation                        | 10/23/08     |
| Sheryl Mitchell         | 46026                         | Failure to Demonstrate Good Moral Character | 10/23/08     |
| Minnie Rush             | 50370                         | Competency Violation                        | 10/13/08     |
| Malikah Scott           | 61554                         | Failure to Demonstrate Good Moral Character | 11/27/08     |
| Denise Thomson          | 59250                         | Failure to Demonstrate Good Moral Character | 11/28/08     |





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| Matt Garvey         | 2201 N 90th St #124   | Omaha        | (402) 991-3505 | mgarvey@farmersagent.com       |
| Wayne Barry         | 14235 S St            | Omaha        | (402) 951-6444 | wbarry@farmersagent.com        |
| Michael Kidd        | 11315 P St            | Omaha        | (402) 330-9218 | mkidd@farmersagent.com         |
| Rob Kuhl            | 10749 Mockingbird Dr  | Omaha        | (402) 884-1055 | rkuhl@farmersagent.com         |
| Pat Lemmers         | 11720 W Dodge Rd      | Omaha        | (402) 493-3033 | plemmers@farmersagent.com      |
| Gerene Ridpath      | 4848 S 120th St #210  | Omaha        | (402) 895-0885 | gridpath@farmersagent.com      |
| Mary Sladek         | 5332 S 138th St #203  | Omaha        | (402) 991-9229 | msladek@farmersagent.com       |
| Jerry Stone         | 2707 S 134th Ave #2   | Omaha        | (402) 333-9090 | jstone@farmersagent.com        |
| Kevin Sulley        | 2608 S 158th Plz      | Omaha        | (402) 697-1010 | ksulley@farmersagent.com       |
| Heather Holland     | 13906 Gold Cir #102   | Omaha        | (402) 679-3676 | hholland@farmersagent.com      |
| Jeremey Christensen | 13906 Gold Cir #102   | Omaha        | (402) 896-3170 | jchristensen1@farmersagent.com |
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# 1989 Twenty Years Ago in Nursing News

- The 10<sup>th</sup> anniversary of the delegate assembly of the National Council of State Boards of Nursing was held in Des Moines, Iowa, in August. Leotta Rolls was acknowledged for her contribution as a member of the Board of Directors of NCSBN.
- The following nursing practice opinions were issued by the board; Tracheal Intubation, Prostaglandin Suppositories, Intrauterine Pressure Catheter and Swan-Ganz catheters.
- The board adopted a position on Registered Care Technologists (RCT). "The Nebraska Board of Nursing, charged with providing for the health, safety, and welfare of the citizens and regulating the field of nursing in the interest of consumer protection, is strongly opposed to the American Medical Association's proposal to establish the RTC".
- RN renewal ended Dec. 31, 1988. All employers were encouraged to view the RN licenses issued for the 1989-1990 renewal period.
- The total number RNs that had renewed their licenses on Jan. 3, 1987, were 14,423.
- There were 20 Nurse Practitioners that had renewed on Jan. 1, 1987, and 224 Certified Registered Nurse Anesthetists that had renewed on Jan. 1, 1987.

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## CHEMICAL DEPENDENCY RESOURCE GUIDE

The resource guide was developed by the Licensure Unit of the Nebraska Department of Health and Human Services, Division of Public Health and the Nebraska Licensee Assistance Program for the purpose of providing information about the disease of chemical dependency and health care professionals. The guide provides information on how to recognize the signs and symptoms of the disease of chemical dependency, steps on how to intervene, recovery, relapse prevention and return-to-work considerations.

If you would like a copy of the guide, contact Ruth Schuldt, RN Licensure Compliance Monitor at 402-471-0313 or at [ruth.schuldt@nebraska.gov](mailto:ruth.schuldt@nebraska.gov).



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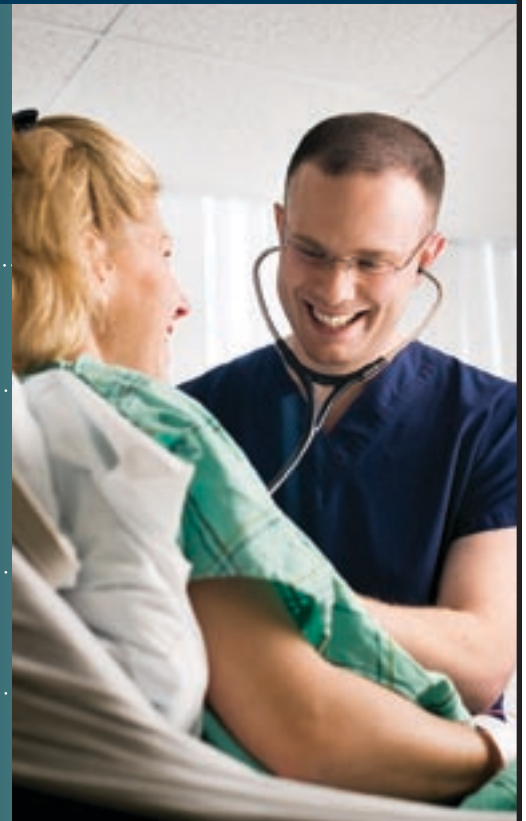
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# For More Information... Visit our Web site at: <http://www.hhs.state.ne.us/crl/nursing/nursingindex.htm>

If you do not have access to the Internet, please contact the Licensure Unit for information or questions concerning:

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### **License Renewal/Audit Questions**

(402) 471-2666

### **Nursing Practice Issues**

Karen Bowen, R.N., M.S.  
(402) 471-6443  
[karen.bowen@nebraska.gov](mailto:karen.bowen@nebraska.gov)

## **Registered Nurse**

### **Licensure Based on Examination (NCLEX®)**

### **Licensure Based on Endorsement**

### **Renewal/Audit Questions**

Kelli Dalrymple  
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[kelli.dalrymple@nebraska.gov](mailto:kelli.dalrymple@nebraska.gov)

## **Licensed Practical Nurse**

### **Licensure Based on Examination (NCLEX®)**

### **Licensure Based on Endorsement**

### **Renewal/Audit Questions**

Mary Ann Moore  
(402) 471-4925  
[maryann.moore@nebraska.gov](mailto:maryann.moore@nebraska.gov)

## **Licensed Practical Nurse**

### **CERTIFIED**

### **Certification by Examination**

### **Certification Renewal/Audit Questions**

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### **Foreign Educated Nurses**

Sheila Exstrom, R.N., Ph.D.  
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[sheila.exstrom@nebraska.gov](mailto:sheila.exstrom@nebraska.gov)

## **Nursing Statutes**

### **Rules and Regulations**

Karen Bowen MS, RN  
(402) 471-6443  
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### **Scope of Practice and Practice Standards**

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### **Education Issues, Curriculum Revisions and Nursing Program Surveys**

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### **Refresher Course/Designing Own Review Course of Study**

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### **RN and LPN license reinstatement**

### **Name and/or Address Change**

*(Please provide your name and Social Security number)*  
(402) 471-2666

### **Certifications/Verifications**

### **Duplicate/Reissue Licenses**

(402) 471-2666

### **Nursing Student Loan Program**

Shirley Nave  
(402) 471-0136

### **Probation Compliance Monitoring**

Ruth Schuldt, R.N., B.S.  
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[ruth.schuldt@nebraska.gov](mailto:ruth.schuldt@nebraska.gov)  
OR  
Shirley Nave  
(402) 471-0136  
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### **Complaint Filing**

Investigations Division  
(402) 471-0175

## **Medication Aide**

### **Medication Aide Role and Practice Standards**

Marletta Stark, R.N., B.S.N., Program Manager  
(402) 471-4969  
[marletta.stark@nebraska.gov](mailto:marletta.stark@nebraska.gov)

## **Name and/or Address Change**

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Teresa Luse  
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### **Medication Aide Registry and Applications**

Teresa Luse  
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### **Medication Aide Testing**

Kathy Eberly  
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## **Nurse Aide**

### **Nurse Aide Role and Practice Standards**

Marletta Stark, R.N., B.S.N.  
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### **Nurse Aide Registry**

Nancy Stava  
(402) 471-0537  
[nancy.stava@nebraska.gov](mailto:nancy.stava@nebraska.gov)

## **Name and/or Address Change**

*(Please provide your name and social security number)*

Nancy Stava  
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[nancy.stava@nebraska.gov](mailto:nancy.stava@nebraska.gov)

### **Questions Related to: Interstate Endorsements, Nursing Students, Military Training, Foreign Trained Nurses**

Wanda Wiese  
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### **Nurse Aide Testing**

Kathy Eberly  
(402) 471-4364  
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## **General**

### **Mailing Labels**

Available online at: <http://www.nebraska.gov/crl/orders.htm>

## **Information on Disciplinary Actions**

Carmen Bachle  
(402) 471-4923  
[Carmen.bachle@nebraska.gov](mailto:Carmen.bachle@nebraska.gov)

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